

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TH</i>		
O.I.P.E. CLASSIFIER		<i>21</i>	<i>9/10/01</i>
FORMALITY REVIEW	<i>MTB</i>	<i>954</i>	<i>10/5/01</i>
RESPONSE FORMALITY REVIEW	<i>HL</i>	<i>712</i>	<i>12-19-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled                      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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*9/25-01*  
*10-05-01*  
*Response CC*  
*12-19-01*